

U.S. Department of Education
Washington, D.C. 20202-5335



**APPLICATION FOR GRANTS
UNDER THE**

College Assistance Migrant Program (CAMP) CFDA Number 84.149A

CFDA # 84.149A

PR/Award # S149A160012

Grants.gov Tracking#: GRANT12112542

OMB No. , Expiration Date:

Closing Date: Mar 07, 2016

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This application was generated using the PDF functionality. The PDF functionality automatically numbers the pages in this application. Some pages/sections of this application may contain 2 sets of page numbers, one set created by the applicant and the other set created by e-Application's PDF functionality. Page numbers created by the e-Application PDF functionality will be preceded by the letter e (for example, e1, e2, e3, etc.).

There were problems converting one or more of the attachments. These are: 1235-MDC_GEPA_Statement.pdf, 1236-MDC_CAMP_Areas_Affected.pdf, 1242-MDC_CAMP_Project_Narrative.pdf, 1234-MDC_CAMP_Abstract.pdf, 1239-MDC_Job_Descriptions.pdf, 1240-MDC_CAMP_Letters.pdf, 1238-MDC_Evaluator_Resume.pdf, 1237-MDC_CAMP_Budget_Narrative.pdf

Application for Federal Assistance SF-424

| | | |
|--|--|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> |
|--|--|--|

| | |
|--|--|
| * 3. Date Received: <input type="text" value="03/04/2016"/> | 4. Applicant Identifier: <input type="text"/> |
|--|--|

| | |
|--|---|
| 5a. Federal Entity Identifier: <input type="text"/> | 5b. Federal Award Identifier: <input type="text"/> |
|--|---|

State Use Only:

| | |
|---|---|
| 6. Date Received by State: <input type="text"/> | 7. State Application Identifier: <input type="text"/> |
|---|---|

8. APPLICANT INFORMATION:

* a. Legal Name:

| | |
|--|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-1210485"/> | * c. Organizational DUNS: <input type="text" value="8791439560000"/> |
|--|---|

d. Address:

| | |
|----------------------|--|
| * Street1: | <input type="text" value="500 College Terrace"/> |
| Street2: | <input type="text"/> |
| * City: | <input type="text" value="Homestead"/> |
| County/Parish: | <input type="text" value="Miami-Dade County"/> |
| * State: | <input type="text" value="FL: Florida"/> |
| Province: | <input type="text"/> |
| * Country: | <input type="text" value="USA: UNITED STATES"/> |
| * Zip / Postal Code: | <input type="text" value="33030-6009"/> |

e. Organizational Unit:

| | |
|---|---|
| Department Name: <input type="text" value="Office of Academic and Student"/> | Division Name: <input type="text" value="Homestead Campus"/> |
|---|---|

f. Name and contact information of person to be contacted on matters involving this application:

| | |
|--|---|
| Prefix: <input type="text" value="Dr."/> | * First Name: <input type="text" value="Nicholas"/> |
| Middle Name: <input type="text"/> | |
| * Last Name: <input type="text" value="Spezza"/> | |
| Suffix: <input type="text" value="Ph.D"/> | |
| Title: <input type="text" value="Dean of Academic and Student Affairs"/> | |

Organizational Affiliation:

| | |
|---|---|
| * Telephone Number: <input type="text" value="305-237-5101"/> | Fax Number: <input type="text" value="305-237-7306"/> |
|---|---|

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.149

CFDA Title:

Migrant Education_College Assistance Migrant Program

*** 12. Funding Opportunity Number:**

ED-GRANTS-010716-001

* Title:

Office of Elementary and Secondary Education (OESE): College Assistance Migrant Program (CAMP)
CFDA Number 84.149A

13. Competition Identification Number:

84-149A2016-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

MDC_CAMP_Areas_Affected.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Miami Dade College College Assistance Migrant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="348,243.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="348,243.00"/> |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

There was a problem attaching a file(s).

The attached file can be viewed as an individual component using Application Log menu option.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

| | |
|--|---|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <input type="text" value="Rolando Montoya"/> | TITLE <input type="text" value="Provost for Operations"/> |
| APPLICANT ORGANIZATION <input type="text" value="Miami Dade College Homestead Campus"/> | DATE SUBMITTED <input type="text" value="03/04/2016"/> |

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

| | | |
|---|--|--|
| 1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Miami Dade College Homestead Campus * Street 1: 500 College Terrace Street 2: * City: Homestead State: FL: Florida Zip: 33030-6009 Congressional District, if known: FL-26 | | |
| 5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: | | |
| 6. * Federal Department/Agency: U.S. Department of Education | 7. * Federal Program Name/Description: Migrant_Education_College_Assistance_Migrant_Program CFDA Number, if applicable: 84.149 | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ | |
| 10. a. Name and Address of Lobbying Registrant: Prefix: * First Name: Tew Middle Name: * Last Name: Cardenas LLP Suffix: * Street 1: One Metro Center Building Street 2: 700 12th Street NW * City: Washington State: DC: District of Columbia Zip: 20005 | | |
| b. Individual Performing Services (including address if different from No. 10a) Prefix: Ms. * First Name: Kim Middle Name: * Last Name: Luckey Suffix: * Street 1: Street 2: * City: State: Zip: | | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Rolando Montoya * Name: Prefix: Dr. * First Name: Rolando Middle Name: * Last Name: Montoya Suffix: PhD Title: Provost for Operations Telephone No.: 305-237-3336 Date: 03/04/2016 | | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97) |

PR/Award # S149A160012

NOTICE TO ALL APPLICANTS

OMB Number: 1894-0005
Expiration Date: 03/31/2017

The purpose of this enclosure is to inform you about a new provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. **ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.**

(If this program is a State-formula grant program, a State needs to provide this description only for projects or activities that it carries out with funds reserved for State-level uses. In addition, local school districts or other eligible applicants that apply to the State for funding need to provide this description in their applications to the State for funding. The State would be responsible for ensuring that the school district or other local entity has submitted a sufficient section 427 statement as described below.)

What Does This Provision Require?

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its Federally-assisted program for students, teachers, and other program beneficiaries with special needs. This provision allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age. Based on local circumstances, you should determine whether these or other barriers may prevent your students, teachers, etc. from such access or participation in, the Federally-funded project or activity. The description in your application of steps to be taken to overcome these barriers need not be lengthy; you may provide a clear and succinct description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or, if appropriate, may

be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with Section 427.

(1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.

(2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audio tape or in braille for students who are blind.

(3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course, might indicate how it intends to conduct "outreach" efforts to girls, to encourage their enrollment.

(4) An applicant that proposes a project to increase school safety might describe the special efforts it will take to address concern of lesbian, gay, bisexual, and transgender students, and efforts to reach out to and involve the families of LGBT students.

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement for GEPA Requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Public Law 103-382). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1894-0005.

Optional - You may attach 1 file to this page.

MDC_GEPA_Statement.pdf

Add Attachment

Delete Attachment

View Attachment

There was a problem attaching a file(s).

The attached file can be viewed as an individual component using Application Log menu option.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

Miami Dade College Homestead Campus

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Dr. * First Name: Rolando Middle Name:

* Last Name: Montoya Suffix: Ph.D

* Title: Provost for Operations

* SIGNATURE: Rolando Montoya

* DATE: 03/04/2016

Abstract

The abstract narrative must not exceed one page and should use language that will be understood by a range of audiences. For all projects, include the project title (if applicable), goals, expected outcomes and contributions for research, policy, practice, etc. Include population to be served, as appropriate. For research applications, also include the following:

- Theoretical and conceptual background of the study (i.e., prior research that this investigation builds upon and that provides a compelling rationale for this study)
- Research issues, hypotheses and questions being addressed
- Study design including a brief description of the sample including sample size, methods, principals dependent, independent, and control variables, and the approach to data analysis.

[Note: For a non-electronic submission, include the name and address of your organization and the name, phone number and e-mail address of the contact person for this project.]

You may now Close the Form

You have attached 1 file to this page, no more files may be added. To add a different file, you must first delete the existing file.

* Attachment:

There was a problem attaching a file(s).

The attached file can be viewed as an individual component using Application Log menu option.

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

To add more Project Narrative File attachments, please use the attachment buttons below.

There was a problem attaching a file(s).

The attached file can be viewed as an individual component using Application Log menu option.

Other Attachment File(s)

* Mandatory Other Attachment Filename:

[Add Mandatory Other Attachment](#)

[Delete Mandatory Other Attachment](#)

[View Mandatory Other Attachment](#)

To add more "Other Attachment" attachments, please use the attachment buttons below.

[Add Optional Other Attachment](#)

[Delete Optional Other Attachment](#)

[View Optional Other Attachment](#)

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The attached file can be viewed as an individual component using Application Log menu option.

ORIGINAL**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 591210485

DATE:08/16/2013

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
09/14/2009Miami-Dade College
11011 S.W. 104 Street
Room 9254
Miami, FL 33176-3383The rates approved in this agreement are for use on grants, contracts and other
agreements with the Federal Government, subject to the conditions in Section III.**SECTION I: Facilities And Administrative Cost Rates**

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

| <u>TYPE</u> | <u>FROM</u> | <u>TO</u> | <u>RATE(%)</u> | <u>LOCATION</u> | <u>APPLICABLE TO</u> |
|-------------|-------------|------------------|----------------|-----------------|---|
| FINAL | 07/01/2012 | 06/30/2013 | 48.30 | On-Campus | All Programs |
| PRED. | 07/01/2013 | 06/30/2016 | 48.30 | On-Campus | All Programs |
| FINAL | 07/01/2012 | 06/30/2013 | 14.00 | Off-Campus | All Programs |
| PRED. | 07/01/2013 | 06/30/2016 | 14.00 | Off-Campus | All Programs |
| PROV. | 07/01/2016 | Until Amended | | | Use same rates and conditions as those cited for fiscal year ending June 30, 2016. |

*BASETotal direct costs excluding capital expenditures (buildings, individual items
of equipment; alterations and renovations) and subawards.

ORGANIZATION: Miami-Dade College

AGREEMENT DATE: 8/16/2013

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s) the off-campus rate will apply. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

Fringe Benefits include: FICA, Retirement, Health & Dental Insurance, Disability Insurance, Workers' Compensation and Life Insurance.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year, and an acquisition cost of \$5,000 or more per unit.

ORGANIZATION: Miami-Dade College

AGREEMENT DATE: 8/16/2013

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in & above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected program, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

Miami-Dade (b)(6)
 (INSTITUTION)
 (SIGNATURE)
 E.H. LEVERING
 (NAME)
 SR. VP & CFO FOR BUSINESS AFFAIRS
 (TITLE)
 08/29/2013
 (DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 (b)(6)
 Darryl W. Mayes
 (NAME)
 Deputy Director, Division of Cost Allocation
 (TITLE)
 8/16/2013
 (DATE) 1386

HHS REPRESENTATIVE: Phat Chau
 Telephone: (301) 492-4855

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

To add more Budget Narrative attachments, please use the attachment buttons below.

There was a problem attaching a file(s).

The attached file can be viewed as an individual component using Application Log menu option.

U.S. DEPARTMENT OF EDUCATION
SUPPLEMENTAL INFORMATION
FOR THE SF-424

OMB Number: 1894-0007
Expiration Date: 08/31/2017

1. Project Director:

| | | | | |
|----------------|-------------------------|--------------|----------------------|-----------------|
| Prefix: Dr. | First Name: Nicholas | Middle Name: | Last Name: Spezza | Suffix: Ph.D |
|----------------|-------------------------|--------------|----------------------|-----------------|

Address:

| | |
|-----------|-------------------------------------|
| Street1: | Miami Dade College Homestead Campus |
| Street2: | 500 College Terrace |
| City: | Homestead |
| County: | Miami-Dade County |
| State: | FL: Florida |
| Zip Code: | 33030-6009 |
| Country: | USA: UNITED STATES |

| | |
|-------------------------------|-----------------------------|
| Phone Number (give area code) | Fax Number (give area code) |
| 305-237-5101 | 305-237-7306 |

Email Address:
nspezza@mdc.edu

2. Novice Applicant:

Are you a novice applicant as defined in the regulations in 34 CFR 75.225 (and included in the definitions page in the attached instructions)?
 Yes No Not applicable to this program

3. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project Period?
 Yes No

b. Are ALL the research activities proposed designated to be exempt from the regulations?
 Yes Provide Exemption(s) #: 1 2 3 4 5 6

No Provide Assurance #, if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.

| | | | |
|--|----------------|-------------------|-----------------|
| | Add Attachment | Delete Attachment | View Attachment |
|--|----------------|-------------------|-----------------|

**U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS**

OMB Number: 1894-0008
Expiration Date: 06/30/2017

Name of Institution/Organization

Miami Dade College Homestead Campus

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS**

| Budget Categories | Project Year 1 (a) | Project Year 2 (b) | Project Year 3 (c) | Project Year 4 (d) | Project Year 5 (e) | Total (f) |
|-----------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------|
| 1. Personnel | 189,053.00 | 194,724.00 | 200,566.00 | 206,583.00 | 212,811.00 | 1,003,737.00 |
| 2. Fringe Benefits | 53,854.00 | 54,644.00 | 55,459.00 | 56,300.00 | 57,169.00 | 277,426.00 |
| 3. Travel | 3,749.00 | 3,749.00 | 3,749.00 | 3,749.00 | 3,749.00 | 18,745.00 |
| 4. Equipment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Supplies | 19,000.00 | 10,500.00 | 10,000.00 | 8,750.00 | 8,750.00 | 57,000.00 |
| 6. Contractual | 12,000.00 | 11,000.00 | 11,000.00 | 9,000.00 | 8,000.00 | 51,000.00 |
| 7. Construction | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8. Other | 33,680.00 | 44,200.00 | 37,490.00 | 35,990.00 | 32,740.00 | 184,100.00 |
| 9. Total Direct Costs (lines 1-8) | 311,336.00 | 318,817.00 | 318,264.00 | 320,372.00 | 323,219.00 | 1,592,008.00 |
| 10. Indirect Costs* | 24,907.00 | 25,505.00 | 25,461.00 | 25,629.00 | 25,703.00 | 127,205.00 |
| 11. Training Stipends | 12,000.00 | 20,000.00 | 16,000.00 | 16,000.00 | 16,000.00 | 80,000.00 |
| 12. Total Costs (lines 9-11) | 348,243.00 | 364,322.00 | 359,725.00 | 362,001.00 | 364,922.00 | 1,799,213.00 |

***Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? Yes No

(2) If yes, please provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: 07/01/2013 To: 06/30/2016 (mm/dd/yyyy)

Approving Federal agency: ED Other (please specify): U.S. Department of Health and Human Services

The Indirect Cost Rate is 48.30%.

(3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? Yes No If yes, you must comply with the requirements of 2 CFR § 200.414(f).

(4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? Yes No If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.

(5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is %.

PR/Award # S149A160012

| | | |
|---|---|--|
| Name of Institution/Organization Miami Dade College Homestead Campus | Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form. | |
|---|---|--|

**SECTION B - BUDGET SUMMARY
NON-FEDERAL FUNDS**

| Budget Categories | Project Year 1 (a) | Project Year 2 (b) | Project Year 3 (c) | Project Year 4 (d) | Project Year 5 (e) | Total (f) |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 1. Personnel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2. Fringe Benefits | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3. Travel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Equipment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Contractual | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7. Construction | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8. Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Total Direct Costs (lines 1-8) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. Indirect Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Training Stipends | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Total Costs (lines 9-11) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

SECTION C - BUDGET NARRATIVE (see instructions)

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